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during the night and partially devoured. The *Mus rattus* and *Mus alexandrinus*, while cannibalistic to a certain extent, are very markedly less so than the *Mus norvegicus*. The *Mus rattus* and *Mus alexandrinus* were kept separate from the *Norvegicus*, so that any antagonism of the species was not noted, but it is highly probable that the *Norvegicus* would have quickly destroyed the smaller species.

SUMMARY.

The *Mus norvegicus*, while essentially a burrowing animal and not addicted to climbing or swimming, is nevertheless quite capable of doing either. It burrows readily in the hardest earth, even to the depth of 2½ feet, and can pass through, probably by gnawing, all wooden material, soft brick, or mortar. The black rat and *Alexandrinus* (at least in Porto Rico) do not burrow at all, but are very adept at climbing or jumping, and therefore are the species chiefly found in the rural districts, removed from human habitations.

It is possible for rats to escape from ships anchored a quarter or even half a mile from shore and make a landing, the water being smooth and tide favorable. It is questionable whether rats under natural conditions would make the attempt, though unusual conditions aboard ship might determine this kind of migration.

RABIES.

A REPORT OF A CASE IN A CHILD AT ALEXANDRIA, VA.

By J. P. LEAKE, Assistant Surgeon, United States Public Health Service.

Cases of human rabies are sufficiently rare to justify the report of single instances, for only by the collation of the data of numerous observers can the variant symptomatology be clearly defined. The experience of one individual is hardly enough for the numerical method.

The present case was seen in consultation with Dr. Warfield and Dr. Hugh McGuire, of Alexandria, Va., and it is reported through their courtesy. The patient, a white boy aged 8, was bitten December 13, 1912, by a large bulldog whose identity is uncertain. The wound was a severe laceration of the right cheek, about 4 inches long, irregular, and reaching nearly to the corner of the mouth. It was cleaned, irrigated with corrosive sublimate solution, and sutured on the day of the occurrence. No abnormalities were noted in healing. On the evening of February 10, 1913—the sixtieth day after the bite—the child was taken sick with pain in the region of the wound and in the throat, some pain in the abdomen and left ear, and vomiting. Spasms on attempting to drink soon became pro-

nounced and it was stated that the patient had taken nothing by mouth since the onset of symptoms save a small part of a hypnotic dose. There was said to have been no bowel movement since 48 hours before onset. The outstanding symptoms had been the severe and frequent spasms of deglutition and the vomiting.

When seen by the writer at noon of February 13, two and a half days after onset, the condition of the patient was said to be improved. He was conscious and rational, very weak, but moved all parts of his body in bed, somewhat restlessly. The right cheek presented the red scar of the wound above described. His articulation was not distinct though his jaws and lips moved readily. He said that he was not suffering much and no marked tenderness was found, only general irritability. There was no paralysis made out, and the throat and abdomen were normal. The tongue had a thick, moist, greenish coat; salivary secretion was slightly increased, but to no such degree as is often noticed in rabies. The axillary temperature was 100.4 and the pulse about 180, but feeble and at times imperceptible at the wrist. Even when lying quietly in bed there were slight spastic movements of the throat and mouth muscles; these were increased by fanning, and the patient complained when fanned. He reached for a glass of water as if thirsty, but the spasm was much increased when the water touched his lips, so that none reached the mucous membrane. He said that the feeling of water on the scar was painful. By means of a spoon some water was introduced into his mouth, and immediately a violent convulsion began, involving principally the throat, face, and head muscles, with respiratory spasm. This lasted for about half a minute.

In this case as in the majority of cases the typical symptom of spasm or convulsion at attempted or even suggested deglutition of water was the one sign which made the diagnosis clear. There was no possibility of feigning or hysteria; a critical observer of the patient could not consider lyssophobia here. The length of the incubation period would exclude tetanus were it not for the fact that an unnoticed injury may have been received subsequent to the dog bite; however, the muscles of mastication were not involved and the jaw could be opened readily. There was no definite evidence of meningeal irritation, such as stiffness of the neck, nor of breaks in the reflex arcs, as would have been expected in a case of poliomyelitis. The history as well as the local examination excluded irritability from a local injury to the throat.

The boy died at 4 a. m., February 14, two months after the injury and three days after onset of symptoms. No autopsy was obtainable. This is the third known death ¹ from hydrophobia in Alexandria and

¹ The other cases were reported, one by Anderson and Goldberger in *Medical Record*, June 12, 1909, and the other by G. T. Vaughan in *Washington Medical Annals*, 1912-13, vol. 11, 168-170.

vicinity in the last five years. None of the patients had received antirabic treatment.

The writer can not conclude this clinical report without remarking on the number of unmuzzled dogs seen at large in the streets of Alexandria, in spite of the fact that the progress of rabies through the United States would indicate that hardly any region can be considered free from infection.¹ The disease in man appeals particularly to the instincts of prevention in that children are the most frequent victims. It is to be hoped that public sentiment in this country may soon be awakened to the extent that an unmuzzled, unleashed dog at large will be a rarity—and thus many valuable animals be saved, as well as the lives of many children.

¹ J. W. Kerr and A. M. Stimson, Public Health Bulletin No. 29, and A. M. Stimson, Public Health Reports, July 12, 1912.